

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052121

1. Corporation Name

O M TRADING CORP.

2. Principal Office Address - No P.O. Box #

422 SW 22ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33135

Country

DADE

3. Mailing Office Address

422 SW 22ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33135

Country

DADE

4. Date Incorporated or Qualified
To Do Business In Florida 07/14/1994

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELOY J. ANAYA

Street Address (P.O. Box Number is Not Acceptable)

422 SW 22ND AVENUE

Suite, Apt. #, Etc.

City

MIAMI, FLORIDA

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 01/12/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	ELOY J. ANAYA	422 SW 22ND AVENUE	MIAMI, FLORIDA 33135
VT	FANNY ANAYA	422 SW 22ND AVENUE	MIAMI, FLORIDA 33135
D	JUDITH A. MONTERO	422 SW 22ND AVENUE	MIAMI, FLORIDA 33135

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELOY J. ANAYA

01/12/2009

Date

305-978-7726

Daytime Phone #

FILED

09 JAN 15 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700140791427

01/15/09--01012--014 **450.00

REINSTATEMENT

07-09